



NONCOMMUNICABLE DISEASES

PROGRESS MONITOR 2020



World Health
Organization

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Foreword

In 2015, world leaders committed to reduce premature deaths from NCDs by one-third by 2030. We have just 10 years to fulfil that commitment. This Progress Monitor gives us a pulse on where we are along that road.

Noncommunicable diseases are the leading cause of premature death globally. Every year, 41 million people die from heart attacks, stroke, cancer, chronic respiratory diseases, diabetes or a mental disorder. That's more than 70% of all deaths worldwide along with a crippling economic impact. Taking action against NCDs is therefore not only a moral imperative, it's an economic imperative.

Data from 194 countries highlights that there are only 2 indicators out of 10 that half of all countries are fully meeting. This is a grim sign, and this decade is critical to advance the work on NCDs in all countries.

WHO has developed 'best buys' – a set of 16 practical and cost-effective interventions that work and can be delivered at the primary level. Critically these put the emphasis on promoting health and preventing disease and include this like increasing tobacco taxes; restricting alcohol advertising; reformulating food products with less salt, sugar and fat; vaccinating girls against cervical cancer; treating hypertension and diabetes; and more.

The best buys are a powerful economic tool. We estimate that every dollar invested in the best buys will yield a return of at least seven dollars. If implemented globally, they will save 10 million lives by 2025, and prevent 17 million strokes and heart attacks by 2030.

Primary health care, with its emphasis on promoting health and preventing disease, is the most inclusive, effective and efficient way to reduce premature mortality from NCDs and promote mental health and well-being. In addition to strong primary health care, countries need strong referral systems with other levels of care.

But we also need to go beyond the health sector to address the root causes of NCDs, in the food we eat, the water we drink, the air we breathe and the conditions in which people live, work and play. A whole-of-government approach is essential

I have often said that political leadership is essential for making progress on NCDs and mental health. But so too are investing in primary health care, implementing the best buys and initiating creative partnerships with all sectors.

No country can afford to treat its way out of the NCDs epidemic. We must prioritize health promotion and disease management. And the best way to do that is through strong primary health care. We know what works to combat NCDs.

It's therefore not a question of whether countries can afford to implement the best buys, but whether they can afford not to. We have all the pieces to save lives we just have to put them into place. The question is, will we? It's a question we must answer with the decisions we make today, and every day.

TEDROS ADHANOM GHEBREYESUS

Director-General
World Health Organization

Introduction

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading global cause of death and are responsible for just over 70% of deaths worldwide. These NCDs share key modifiable behavioural risk factors like tobacco use, unhealthy diet, lack of physical activity, and the harmful use of alcohol, which in turn lead to overweight and obesity, raised blood pressure, and raised cholesterol, and ultimately disease. They continue to be an important public health challenge in all countries, including low- and middle-income countries where more than three quarters of NCD deaths occur.

Effectively tackling NCDs and their key risk factors requires a detailed understanding of the current status and progress being made at the country level. Feasible and cost-effective interventions exist to reduce the burden and impact of NCDs now and in the future. Tracking national implementation of a key set of tracer actions linked to these interventions allows for global benchmarking and monitoring of progress being made against NCDs. It also serves to highlight challenges and areas requiring further attention.

In May 2015 the World Health Organization published a Technical Note (1) on how WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of national commitments included in the 2011 UN Political Declaration and the 2014 UN Outcome Document on NCDs. The Technical Note was updated in September 2017 to ensure consistency with the revised set of WHO 'best-buys' and other recommended interventions for the prevention and control of noncommunicable diseases which were endorsed by the World Health Assembly in May 2017. The Technical Note outlines a set of ten progress monitoring indicators intended to show the progress achieved in countries in the implementation of selected national commitments included in the 2014 Outcome Document. The ten NCD progress monitoring indicators are as follows:

Consider setting national NCD targets for 2025:

Member State has set time-bound national targets based on WHO guidance

Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis

Member State has a STEPS survey or a comprehensive health examination survey every 5 years

Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan:

Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement:

Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport

Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship

Consider developing national multisectoral policies and plans to achieve the national targets by 2025:

Member State has an operational multisectoral national strategy/ action plan that integrates the major NCDs and their shared risk factors

Reduce affordability by increasing excise taxes and prices on tobacco products

Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages

Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke



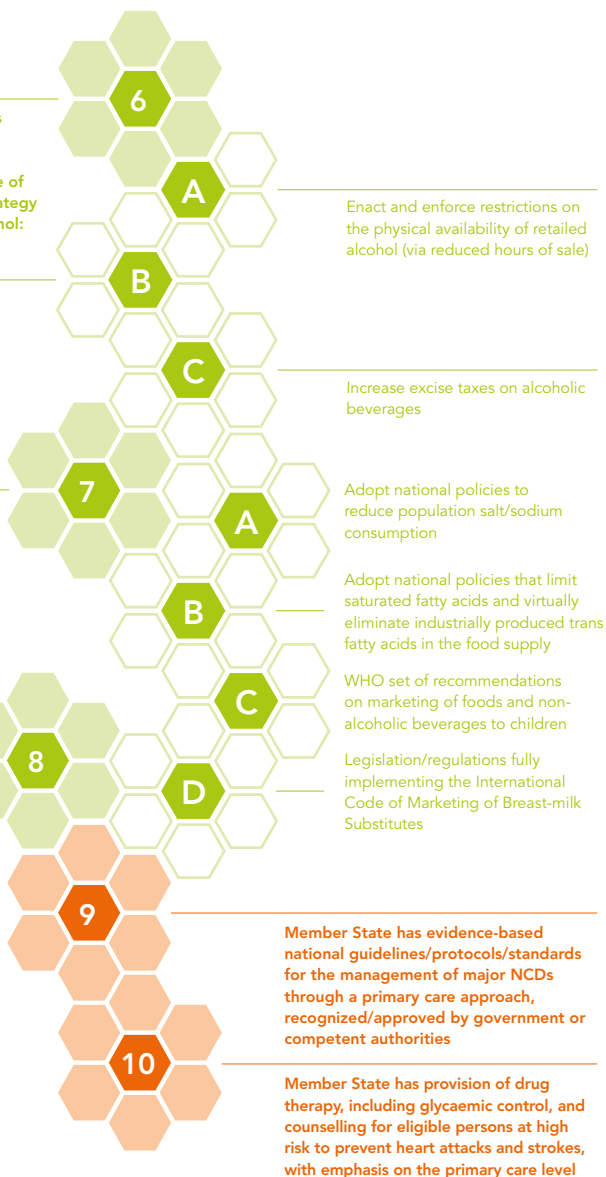
Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Member State has implemented the following four measures to reduce unhealthy diets:

Member State has implemented at least one recent national public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change

Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan



Explanatory Notes

This report presents information for each country related to their achievement of the NCD progress monitoring indicators. The profiles also include information on the population, percentage and number of deaths from NCDs, and the risk of premature death from the four main NCDs (cardiovascular diseases, cancer, diabetes or chronic respiratory diseases) – the indicator used to monitor the Sustainable Development Goal target 3.4 on NCDs. The data presented in the country pages are derived from several sources, each of which is explained in the following notes.

Progress monitoring indicators

Details of the progress monitoring indicators, including detailed definitions, specifications, data sources and assessment criteria are included in Appendix 1. For each indicator the following symbols denote the level of achievement: ● = fully achieved, ◐ = partially achieved, ○ = not achieved, "NA" = not applicable to country due to national situation, "DK" = country responded "don't know" to that question in the survey, and "NR" = no response or missing data.

Assessment of indicators 1, 3, 4, 7a, 7b, 7c, 8, 9 and 10 were taken from Member State responses to the 2019 NCD Country Capacity Survey (NCD CCS). The 2019 NCD CCS questionnaire was completed through an online web-based platform by the NCD focal points or designated colleagues within the Ministry of Health (MOH) or a national institute or agency in all WHO Member States (194 countries) between March and June 2019. The questions were developed in a manner intended to obtain objective information about adequacy

of capacity and countries were required to provide supporting documentation to enable review by WHO in order to validate the responses. Where discrepancies were noted between the country response and the documents provided for validation, a clarification request was returned to the country for their consideration and an updating of their response.

Assessment of indicators 7a, 7b and 7c were additionally reviewed against responses obtained by WHO in the 2nd Global Nutrition Policy Review and supporting documentation contained in the WHO Global database on the Implementation of Nutrition Action (GINA).

Assessment of indicator 2 related to the system for generating mortality data was based on data collected by WHO and stored in the WHO mortality database through a routine annual call for data.

Assessment of indicator 5 was based on data collected from Member States in 2019 for the production of the WHO Report on the Global Tobacco Epidemic. The WHO assessment was shared with national authorities for review and approval.

Indicator 6 achievement status was based on the responses of country focal points, officially nominated by the Ministry of Health, to the 2019 Global survey on progress on SDG health target 3.5 conducted by WHO. Responses were reviewed and validated by WHO, and subsequently endorsed by the Member States. This indicator is marked with a footnote for those countries who did not respond to the 2019 Global survey on progress on SDG health target 3.5 and who thus have data only from the previous round (2016) of the survey.

Indicator 7d achievement status was based on the analysis by WHO, UNICEF, and IBFAN/ICDC of copies of all national legislation on the International Code of Marketing of Breast-milk Substitutes for the production of the report on Marketing of breast-milk substitutes: National implementation of the international code Status Report 2018.

Demographics

The 2016 population estimates from the 2017 United Nations Population Division World Population Prospects (2) are reported in each profile.

Mortality

Percentage of deaths from NCDs and total number of NCD deaths are reported for 2016 for all countries with a population greater than 90,000. These data were drawn from the 2016 all-cause mortality rates estimated from revised life tables, published in World Health Statistics 2018 (3). Total number of deaths by age and sex were estimated for each country by applying these death rates to the estimated resident populations prepared by the United Nations Population Division in its 2017 revision (2). Vital registration systems which record deaths with sufficient completeness and quality of cause of death information were used as the preferred data source. Detailed information on methods for mortality and causes of death estimates were published previously (4).

The risk of premature death from target NCDs presented in the profiles is the probability of dying between ages 30 and 70 years from the four main NCDs and was estimated for 2015 using age-specific death rates (in 5-year age groups, e.g. 30-34... 65-69, for those between 30 and 70) of the combined four main NCD categories, for each Member State (4). Using the life table method, the risk of death between the exact ages of 30 and 70, from any of the four causes and in the absence of other causes of death, was calculated using the equation below. The ICD codes used are: Cardiovascular disease: I00-I99, Cancer: C00-C97, Diabetes: E10-E14, and Chronic respiratory disease: J30-J98.

$${}^4_5M_x = \frac{\text{Total deaths from four NCD causes between exact age (x) and exact age (x+5)}}{\text{Total population between exact age (x) and exact age (x+5)}}$$

Five-year death rates were then translated into the probability of death for each NCD using the following formula:

$${}_5q_x = \frac{{}_5M_x + 5}{1 + {}_5M_x + 2.5}$$

The unconditional probability of death, for the 30-70 age range, was calculated last:

$${}_{40}q_{30} = 1 - \prod_{x=30}^{65} (1 - {}_5q_x)$$

References

1. <http://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1>, accessed 4 September 2017.
2. *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables*. New York, United Nations Population Division, 2017.
3. *World Health Statistics 2018: monitoring health for the SDGs, Sustainable Development Goals*. Geneva, World Health Organization, 2018.
4. *WHO methods and data sources for country-level causes of death 2000-2016*. Geneva, World Health Organization, 2018.





Country Profiles

Afghanistan

34 656 000

Total population

44%

Percentage of deaths from NCDs

109 500

Total number of NCD deaths

30%

Probability of premature mortality from target NCDs



● fully achieved ◐ partially achieved ○ not achieved

Albania

2 926 000

Total population

93%

Percentage of deaths from NCDs

24 300

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Algeria

40 606 000

Total population

76%

Percentage of deaths from NCDs

144 000

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Andorra

77 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	
	Harmful use of alcohol reduction measures:	
	restrictions on physical availability	
	advertising bans or comprehensive restrictions	
	increased excise taxes	
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **DK** Don't know

Angola

28 813 000

Total population

27%

Percentage of deaths from NCDs

61 900

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response DK Don't know

Antigua and Barbuda

101 000

Total population

82%

Percentage of deaths from NCDs

530

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Argentina

43 847 000

Total population

78%

Percentage of deaths from NCDs

254 500

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Armenia

2 925 000

Total population

93%

Percentage of deaths from NCDs

26 300

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Australia

24 126 000

Total population

89%

Percentage of deaths from NCDs

142 700

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Austria

8 712 000

Total population

92%

Percentage of deaths from NCDs

74 400

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Azerbaijan

9 725 000

Total population

87%

Percentage of deaths from NCDs

54 100

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Bahamas

391 000

Total population

74%

Percentage of deaths from NCDs

1 800

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response DK Don't know

Bahrain

1 425 000

Total population

83%

Percentage of deaths from NCDs

2 300

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Bangladesh

163 000 000

Total population

67%

Percentage of deaths from NCDs

572 600

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Barbados

285 000

Total population

83%

Percentage of deaths from NCDs

2 700

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Belarus

9 480 000

Total population

91%

Percentage of deaths from NCDs

107 500

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Belgium

11 358 000

Total population

86%

Percentage of deaths from NCDs

94 900

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Belize

367 000

Total population

67%

Percentage of deaths from NCDs

1 400

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Benin

10 872 000

Total population

36%

Percentage of deaths from NCDs

35 100

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Bhutan

798 000

Total population

69%

Percentage of deaths from NCDs

3 200

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NA Not applicable

Bolivia (Plurinational State of)

10 888 000

Total population

64%

Percentage of deaths from NCDs

45 900

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Bosnia and Herzegovina

3 517 000

Total population

94%

Percentage of deaths from NCDs

36 300

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Botswana

2 250 000

Total population

46%

Percentage of deaths from NCDs

7 200

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Brazil

207 700 000

Total population

74%

Percentage of deaths from NCDs

975 400

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ◯ not achieved

Brunei Darussalam

423 000

Total population

85%

Percentage of deaths from NCDs

1 400

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NA Not applicable

Bulgaria

7 131 000

Total population

95%

Percentage of deaths from NCDs

101 300

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Burkina Faso

18 646 000

Total population

33%

Percentage of deaths from NCDs

52 100

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Burundi

10 524 000

Total population

32%

Percentage of deaths from NCDs

30 500

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Cabo Verde

540 000

Total population

70%

Percentage of deaths from NCDs

2 100

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Cambodia

15 762 000

Total population

64%

Percentage of deaths from NCDs

59 900

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Cameroon

23 439 000

Total population

35%

Percentage of deaths from NCDs

82 700

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Canada

36 290 000

Total population

88%

Percentage of deaths from NCDs

226 200

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Central African Republic

4 595 000

Total population

26%

Percentage of deaths from NCDs

15 600

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Chad

14 453 000

Total population

27%

Percentage of deaths from NCDs

47 400

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Chile

17 910 000

Total population

85%

Percentage of deaths from NCDs

92 900

Total number of NCD deaths

12%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

China

1 404 000 000

Total population

89%

Percentage of deaths from NCDs

9 259 000

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Colombia

48 653 000

Total population

75%

Percentage of deaths from NCDs

211 400

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Comoros

796 000

Total population

42%

Percentage of deaths from NCDs

2 400

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **DK** Don't know

Congo

5 126 000

Total population

35%

Percentage of deaths from NCDs

13 300

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Cook Islands

17 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Costa Rica

4 857 000

Total population

83%

Percentage of deaths from NCDs

20 500

Total number of NCD deaths

12%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Côte d'Ivoire

23 696 000

Total population

37%

Percentage of deaths from NCDs

102 900

Total number of NCD deaths

29%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Croatia

4 213 000

Total population

92%

Percentage of deaths from NCDs

47 600

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Cuba

11 476 000

Total population

84%

Percentage of deaths from NCDs

82 400

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Cyprus

1 170 000

Total population

91%

Percentage of deaths from NCDs

7 500

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response DK Don't know

Czechia

10 611 000

Total population

90%

Percentage of deaths from NCDs

96 900

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Democratic People's Republic of Korea

25 369 000

Total population

84%

Percentage of deaths from NCDs

186 100

Total number of NCD deaths

26%

Probability of premature mortality from NCDs



● fully achieved ○ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response **DK** Don't know

Democratic Republic of the Congo

78 736 000

Total population

28%

Percentage of deaths from NCDs

207 500

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response **DK** Don't know

Denmark

5 712 000

Total population

90%

Percentage of deaths from NCDs

46 400

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Djibouti

942 000

Total population

44%

Percentage of deaths from NCDs

3 300

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Dominica

74 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Dominican Republic

10 649 000

Total population

72%

Percentage of deaths from NCDs

47 500

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Ecuador

16 385 000

Total population

72%

Percentage of deaths from NCDs

60 700

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Egypt

95 689 000

Total population

84%

Percentage of deaths from NCDs

511 500

Total number of NCD deaths

28%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

El Salvador

6 345 000

Total population

74%

Percentage of deaths from NCDs

31 100

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ○ partially achieved ○ not achieved

Equatorial Guinea

1 221 000

Total population

36%

Percentage of deaths from NCDs

4 200

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Eritrea

4 955 000

Total population

45%

Percentage of deaths from NCDs

15 500

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Estonia

1 312 000

Total population

93%

Percentage of deaths from NCDs

14 200

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Eswatini

1 343 000

Total population

37%

Percentage of deaths from NCDs

4 800

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Ethiopia

102 400 000

Total population

39%

Percentage of deaths from NCDs

275 000

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

899 000

Total population

84%

Percentage of deaths from NCDs

5 500

Total number of NCD deaths

31%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Finland

5 503 000

Total population

93%

Percentage of deaths from NCDs

49 700

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

France

64 721 000

Total population

88%

Percentage of deaths from NCDs

488 500

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Gabon

1 980 000

Total population

41%

Percentage of deaths from NCDs

6 200

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes

Gambia

2 039 000

Total population

34%

Percentage of deaths from NCDs

5 300

Total number of NCD deaths

20%

Probability of premature mortality from NCDs

	National NCD targets and indicators	●
	Mortality data	○
	Risk factor surveys	●
	National integrated NCD policy/strategy/action plan	○
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	○
	smoke-free policies	●
	large graphic health warnings/plain packaging	●
	bans on advertising, promotion and sponsorship	●
	mass media campaigns	●
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	●
	advertising bans or comprehensive restrictions	○
	increased excise taxes	●
	Unhealthy diet reduction measures:	
	salt/sodium policies	○
	saturated fatty acids and trans-fats policies	○
	marketing to children restrictions	○
	marketing of breast-milk substitutes restrictions	●
	Public education and awareness campaign on physical activity	○
	Guidelines for management of cancer, CVD, diabetes and CRD	○
	Drug therapy/counselling to prevent heart attacks and strokes	○

● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes

Georgia

3 925 000

Total population

94%

Percentage of deaths from NCDs

53 200

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Germany

81 915 000

Total population

91%

Percentage of deaths from NCDs

839 500

Total number of NCD deaths

12%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Ghana

28 207 000

Total population

43%

Percentage of deaths from NCDs

94 400

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response DK Don't know

Greece

11 184 000

Total population

86%

Percentage of deaths from NCDs

104 400

Total number of NCD deaths

12%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Grenada

107 000

Total population

81%

Percentage of deaths from NCDs

630

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Guatemala

16 582 000

Total population

59%

Percentage of deaths from NCDs

47 500

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Guinea

12 396 000

Total population

35%

Percentage of deaths from NCDs

41 100

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Guinea-Bissau

1 816 000

Total population

30%

Percentage of deaths from NCDs

5 000

Total number of NCD deaths

20%

Probability of premature mortality from NCDs

	National NCD targets and indicators	<input type="radio"/>
	Mortality data	<input type="radio"/>
	Risk factor surveys	<input type="radio"/>
	National integrated NCD policy/strategy/action plan	<input type="radio"/>
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	<input type="radio"/>
	smoke-free policies	<input type="radio"/>
	large graphic health warnings/plain packaging	<input type="radio"/>
	bans on advertising, promotion and sponsorship	<input type="radio"/>
	mass media campaigns	<input type="radio"/>
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	<input type="radio"/>
	advertising bans or comprehensive restrictions	<input type="radio"/>
	increased excise taxes	<input type="radio"/>
	Unhealthy diet reduction measures:	
	salt/sodium policies	<input type="radio"/>
	saturated fatty acids and trans-fats policies	<input type="radio"/>
	marketing to children restrictions	<input type="radio"/>
	marketing of breast-milk substitutes restrictions	<input type="radio"/>
	Public education and awareness campaign on physical activity	<input type="radio"/>
	Guidelines for management of cancer, CVD, diabetes and CRD	<input type="radio"/>
	Drug therapy/counselling to prevent heart attacks and strokes	<input type="radio"/>

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Guyana

773 000

Total population

68%

Percentage of deaths from NCDs

4 400

Total number of NCD deaths

31%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Haiti

10 847 000

Total population

57%

Percentage of deaths from NCDs

52 700

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Honduras

9 113 000

Total population

66%

Percentage of deaths from NCDs

26 200

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Hungary

9 753 000

Total population

94%

Percentage of deaths from NCDs

119 200

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Iceland

332 000

Total population

90%

Percentage of deaths from NCDs

2 000

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

India

1 324 000 000

Total population

63%

Percentage of deaths from NCDs

5 995 000

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Indonesia

261 100 000

Total population

73%

Percentage of deaths from NCDs

1 365 000

Total number of NCD deaths

26%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Iran (Islamic Republic of)

80 277 000

Total population

82%

Percentage of deaths from NCDs

304 400

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ○ partially achieved ○ not achieved

Iraq

37 203 000

Total population

55%

Percentage of deaths from NCDs

103 800

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response DK Don't know

Ireland

4 726 000

Total population

91%

Percentage of deaths from NCDs

27 800

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Israel

8 192 000

Total population

86%

Percentage of deaths from NCDs

38 200

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Italy

59 430 000

Total population

91%

Percentage of deaths from NCDs

584 700

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Jamaica

2 881 000

Total population

80%

Percentage of deaths from NCDs

15 800

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Japan

127 700 000

Total population

82%

Percentage of deaths from NCDs

1 080 000

Total number of NCD deaths

8%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Jordan

9 456 000

Total population

78%

Percentage of deaths from NCDs

28 500

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Kazakhstan

17 988 000

Total population

86%

Percentage of deaths from NCDs

127 200

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Kenya

48 462 000

Total population

27%

Percentage of deaths from NCDs

77 100

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Kiribati

114 000

Total population

64%

Percentage of deaths from NCDs

510

Total number of NCD deaths

28%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes

Kuwait

4 053 000

Total population

72%

Percentage of deaths from NCDs

8 000

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Kyrgyzstan

5 956 000

Total population

83%

Percentage of deaths from NCDs

30 100

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Lao People's Democratic Republic

6 758 000

Total population

60%

Percentage of deaths from NCDs

28 200

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Latvia

1 971 000

Total population

92%

Percentage of deaths from NCDs

25 500

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Lebanon

6 007 000

Total population

91%

Percentage of deaths from NCDs

34 700

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Lesotho

2 204 000

Total population

32%

Percentage of deaths from NCDs

9 700

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Liberia

4 614 000

Total population

31%

Percentage of deaths from NCDs

11 500

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Libya

6 293 000

Total population

72%

Percentage of deaths from NCDs

24 200

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Lithuania

2 908 000

Total population

90%

Percentage of deaths from NCDs

36 700

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Luxembourg

576 000

Total population

88%

Percentage of deaths from NCDs

3 500

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response DK Don't know

Madagascar

24 895 000

Total population

43%

Percentage of deaths from NCDs

67 400

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Malawi

18 092 000

Total population

32%

Percentage of deaths from NCDs

38 900

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response **DK** Don't know

Malaysia

31 187 000

Total population

74%

Percentage of deaths from NCDs

113 400

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Maldives

428 000

Total population

84%

Percentage of deaths from NCDs

1 100

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Mali

17 995 000

Total population

30%

Percentage of deaths from NCDs

56 100

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Malta

429 000

Total population

90%

Percentage of deaths from NCDs

3 200

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Marshall Islands

53 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	NR
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	
	advertising bans or comprehensive restrictions	
	increased excise taxes	
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Mauritania

4 301 000

Total population

37%

Percentage of deaths from NCDs

12 000

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Mauritius

1 262 000

Total population

89%

Percentage of deaths from NCDs

8 900

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes

Mexico

127 500 000

Total population

80%

Percentage of deaths from NCDs

521 800

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Micronesia (Federated States of)

105 000

Total population

75%

Percentage of deaths from NCDs

480

Total number of NCD deaths

26%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Monaco

38 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	NR
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	NR
	Harmful use of alcohol reduction measures:	
	restrictions on physical availability	
	advertising bans or comprehensive restrictions	NR
	increased excise taxes	
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved  partially achieved  not achieved

† = see Explanatory Notes **NR** No Response

Mongolia

3 027 000

Total population

80%

Percentage of deaths from NCDs

14 900

Total number of NCD deaths

30%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Montenegro

629 000

Total population

95%

Percentage of deaths from NCDs

6 200

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **DK** Don't know

Morocco

35 277 000

Total population

80%

Percentage of deaths from NCDs

144 900

Total number of NCD deaths

12%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Mozambique

28 829 000

Total population

27%

Percentage of deaths from NCDs

69 100

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Myanmar

52 885 000

Total population

68%

Percentage of deaths from NCDs

291 600

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Namibia

2 480 000

Total population

41%

Percentage of deaths from NCDs

7 700

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Nauru

11 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	
	advertising bans or comprehensive restrictions	
	increased excise taxes	
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Nepal

28 983 000

Total population

66%

Percentage of deaths from NCDs

121 100

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Netherlands

16 987 000

Total population

90%

Percentage of deaths from NCDs

133 500

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

New Zealand

4 661 000

Total population

89%

Percentage of deaths from NCDs

27 400

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Nicaragua

6 150 000

Total population

76%

Percentage of deaths from NCDs

22 300

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

DK Don't know

Niger

20 673 000

Total population

27%

Percentage of deaths from NCDs

53 800

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Nigeria

186 000 000

Total population

29%

Percentage of deaths from NCDs

617 300

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Niue

1 600

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	
	advertising bans or comprehensive restrictions	
	increased excise taxes	
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

North Macedonia

2 081 000

Total population

95%

Percentage of deaths from NCDs

19 200

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

DK Don't know

Norway

5 255 000

Total population

87%

Percentage of deaths from NCDs

35 600

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Oman

4 425 000

Total population

72%

Percentage of deaths from NCDs

8 100

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Pakistan

193 200 000

Total population

58%

Percentage of deaths from NCDs

811 300

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Palau

22 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	NR
	advertising bans or comprehensive restrictions	NR
	increased excise taxes	NR
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Panama

4 034 000

Total population

75%

Percentage of deaths from NCDs

15 200

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Papua New Guinea

8 085 000

Total population

56%

Percentage of deaths from NCDs

31 400

Total number of NCD deaths

30%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Paraguay

6 725 000

Total population

74%

Percentage of deaths from NCDs

27 000

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Peru

31 774 000

Total population

69%

Percentage of deaths from NCDs

119 400

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Philippines

103 300 000

Total population

67%

Percentage of deaths from NCDs

446 300

Total number of NCD deaths

27%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ◯ not achieved

Poland

38 224 000

Total population

90%

Percentage of deaths from NCDs

354 100

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Portugal

10 372 000

Total population

86%

Percentage of deaths from NCDs

91 800

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Qatar

2 570 000

Total population

69%

Percentage of deaths from NCDs

2 700

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Republic of Korea

50 792 000

Total population

80%

Percentage of deaths from NCDs

224 400

Total number of NCD deaths

8%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Republic of Moldova

4 060 000

Total population

90%

Percentage of deaths from NCDs

42 200

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Romania

19 778 000

Total population

92%

Percentage of deaths from NCDs

237 300

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Russian Federation

144 000 000

Total population

87%

Percentage of deaths from NCDs

1 635 000

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Rwanda

11 918 000

Total population

44%

Percentage of deaths from NCDs

29 100

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Saint Kitts and Nevis

55 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Saint Lucia

178 000

Total population

82%

Percentage of deaths from NCDs

1 100

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Saint Vincent and the Grenadines

110 000

Total population

81%

Percentage of deaths from NCDs

720

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Samoa

195 000

Total population

81%

Percentage of deaths from NCDs

770

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

San Marino

33 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Sao Tome and Principe

200 000

Total population

55%

Percentage of deaths from NCDs

620

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

NR No Response

Saudi Arabia

32 276 000

Total population

73%

Percentage of deaths from NCDs

83 100

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Senegal

15 412 000

Total population

42%

Percentage of deaths from NCDs

39 700

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

† = see Explanatory Notes

Serbia

8 820 000

Total population

95%

Percentage of deaths from NCDs

101 500

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Seychelles

94 000

Total population

81%

Percentage of deaths from NCDs

630

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Sierra Leone

7 396 000

Total population

33%

Percentage of deaths from NCDs

29 700

Total number of NCD deaths

30%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Singapore

5 622 000

Total population

74%

Percentage of deaths from NCDs

20 900

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

DK Don't know

Slovakia

5 444 000

Total population

89%

Percentage of deaths from NCDs

45 600

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Slovenia

2 078 000

Total population

88%

Percentage of deaths from NCDs

17 700

Total number of NCD deaths

13%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Solomon Islands

599 000

Total population

69%

Percentage of deaths from NCDs

1 900

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Somalia

14 318 000

Total population

24%

Percentage of deaths from NCDs

40 000

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

South Africa

56 015 000

Total population

51%

Percentage of deaths from NCDs

269 500

Total number of NCD deaths

26%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

South Sudan

12 231 000

Total population

27%

Percentage of deaths from NCDs

33 100

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ○ partially achieved ○ not achieved

NR No Response

Spain

46 348 000

Total population

91%

Percentage of deaths from NCDs

382 700

Total number of NCD deaths

10%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Sri Lanka

20 798 000

Total population

83%

Percentage of deaths from NCDs

118 700

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Sudan

39 579 000

Total population

52%

Percentage of deaths from NCDs

147 100

Total number of NCD deaths

26%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Suriname

558 000

Total population

76%

Percentage of deaths from NCDs

3 000

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Sweden

9 838 000

Total population

90%

Percentage of deaths from NCDs

82 000

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Switzerland

8 402 000

Total population

90%

Percentage of deaths from NCDs

60 700

Total number of NCD deaths

9%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Syrian Arab Republic

18 430 000

Total population

45%

Percentage of deaths from NCDs

67 800

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved

Tajikistan

8 735 000

Total population

69%

Percentage of deaths from NCDs

31 900

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Thailand

68 864 000

Total population

74%

Percentage of deaths from NCDs

399 100

Total number of NCD deaths

14%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Timor-Leste

1 269 000

Total population

45%

Percentage of deaths from NCDs

3 300

Total number of NCD deaths

20%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Togo

7 606 000

Total population

38%

Percentage of deaths from NCDs

24 300

Total number of NCD deaths

24%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Tonga

107 000

Total population

83%

Percentage of deaths from NCDs

520

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Trinidad and Tobago

1 365 000

Total population

81%

Percentage of deaths from NCDs

9 800

Total number of NCD deaths

21%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **DK** Don't know

Tunisia

11 403 000

Total population

86%

Percentage of deaths from NCDs

61 900

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

Turkey

79 512 000

Total population

89%

Percentage of deaths from NCDs

407 300

Total number of NCD deaths

16%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Turkmenistan

5 663 000

Total population

76%

Percentage of deaths from NCDs

30 100

Total number of NCD deaths

29%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Tuvalu

11 000

Total population

-

Percentage of deaths from NCDs[†]

-

Total number of NCD deaths

-

Probability of premature mortality from NCDs

	National NCD targets and indicators	
	Mortality data	
	Risk factor surveys	
	National integrated NCD policy/strategy/action plan	
	Tobacco demand-reduction measures:	
	increased excise taxes and prices	
	smoke-free policies	
	large graphic health warnings/plain packaging	
	bans on advertising, promotion and sponsorship	
	mass media campaigns	
	Harmful use of alcohol reduction measures:†	
	restrictions on physical availability	NR
	advertising bans or comprehensive restrictions	NR
	increased excise taxes	NR
	Unhealthy diet reduction measures:	
	salt/sodium policies	
	saturated fatty acids and trans-fats policies	
	marketing to children restrictions	
	marketing of breast-milk substitutes restrictions	
	Public education and awareness campaign on physical activity	
	Guidelines for management of cancer, CVD, diabetes and CRD	
	Drug therapy/counselling to prevent heart attacks and strokes	

● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **NR** No Response

Uganda

41 488 000

Total population

33%

Percentage of deaths from NCDs

97 600

Total number of NCD deaths

22%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Ukraine

44 439 000

Total population

91%

Percentage of deaths from NCDs

578 200

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

United Arab Emirates

9 270 000

Total population

77%

Percentage of deaths from NCDs

11 600

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

United Kingdom

65 789 000

Total population

89%

Percentage of deaths from NCDs

533 100

Total number of NCD deaths

11%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response

United Republic of Tanzania

55 572 000

Total population

33%

Percentage of deaths from NCDs

134 600

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes **DK** Don't know

United States of America

322 200 000

Total population

88%

Percentage of deaths from NCDs

2 474 000

Total number of NCD deaths

15%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

DK Don't know

Uruguay

3 444 000

Total population

85%

Percentage of deaths from NCDs

27 800

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

NR No Response DK Don't know

Uzbekistan

31 447 000

Total population

84%

Percentage of deaths from NCDs

143 500

Total number of NCD deaths

25%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Vanuatu

270 000

Total population

74%

Percentage of deaths from NCDs

980

Total number of NCD deaths

23%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Venezuela (Bolivarian Republic of)

31 568 000

Total population

70%

Percentage of deaths from NCDs

125 800

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

† = see Explanatory Notes

Viet Nam

94 569 000

Total population

77%

Percentage of deaths from NCDs

424 000

Total number of NCD deaths

17%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Yemen

27 584 000

Total population

57%

Percentage of deaths from NCDs

98 600

Total number of NCD deaths

31%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Zambia

16 591 000

Total population

29%

Percentage of deaths from NCDs

36 400

Total number of NCD deaths

18%

Probability of premature mortality from NCDs



● fully achieved ◐ partially achieved ○ not achieved

Zimbabwe

16 150 000

Total population

33%

Percentage of deaths from NCDs

42 900

Total number of NCD deaths

19%

Probability of premature mortality from NCDs



● fully achieved ● partially achieved ○ not achieved





Appendix 1.

Indicator Definitions
and Specifications



Member State has set time-bound national targets based on WHO guidance

Definition	Country has set national NCD targets. The NCD-related targets should be time-bound and based on the 9 voluntary global targets and the WHO Global Monitoring Framework.
Data collection tool and achievement criteria	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>This indicator is considered fully achieved if a country responds “Yes” to the question “Are there a set of time-bound national targets for NCDs based on the 9 voluntary global targets from the WHO Global Monitoring Framework for NCDs?”, and provides the needed supporting documentation. Targets must be time-bound, based on the 9 global targets, and need to address NCD mortality, as well as key risk factors in the country and/or health systems.</p> <p>This indicator is considered partially achieved if the country responds “Yes” to the question “Are there a set of time-bound national targets for NCDs based on the 9 voluntary global targets from the WHO Global Monitoring Framework for NCDs?”, but the targets do not cover two of the three areas addressed in the 9 global targets (including mortality) or they are not time-bound.</p>
Data validation process	Countries are asked to submit a copy of their targets when submitting their response to the NCD CCS. WHO will confirm that document provided is indeed a set of national NCD targets, addressing NCD mortality, as well as key risk factors in the country, and/or health systems, based on the 9 global targets, and that these targets are time-bound (e.g. include such language as “by 2025”). Where discrepancies are noted, these are referred back to the country for clarification and modification.
Expected frequency of data collection	Every 2 years.
Links to tool	http://www.who.int/ncds/surveillance/ncd-capacity/en/



Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis

Definition

Country has a vital registration system that captures deaths and the causes of death routinely. The International Form of Medical Certificate of the Cause of Death is completed by certifiers. The International Classification of Diseases (ICD) is used to code the causes of death. The data compiled are made available to policy-makers and researchers.

Data collection tool and achievement criteria

The WHO collects mortality data, including cause of death, from civil registration systems in the WHO mortality database through a routine annual call for data. Data are considered to generate reliable cause-specific mortality data on a routine basis if:

- Data from the five most recent reporting years are, on average, at least 70% usable. Usability is calculated as $(\text{Completeness (\%)} * (1 - \text{Proportion Garbage}))^1$
- At least five years of cause-of-death data have been reported to the WHO in the last 10 years.
- The most recent year of data reported to the WHO is no more than five years old.

This indicator is considered fully achieved if the country meets all of the above criteria.

This indicator is considered partially achieved if the country does not meet all of the above criteria but has submitted some vital registration data to WHO.

Data validation process

Data submitted are verified and inconsistencies are referred back to countries to resolve.

Expected frequency of data collection

Yearly

Links to tool

http://www.who.int/healthinfo/tool_cod_2010.pdf

¹ For further details, see page 5 of the following document: http://www.who.int/healthinfo/global_burden_disease/GlobalCOD_method_2000_2015.pdf



Member State has a STEPS survey or a comprehensive health examination survey every 5 years

Definition

Country has completed a STEPS survey or another risk factor survey which includes physical measurements and biochemical assessments covering the key behavioural and metabolic risk factors for NCDs. Country must indicate that survey frequency is at least every 5 years.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to each of the following for adults: “Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for all of the following:” “Harmful alcohol use” (optional for the Member States where there is a ban on alcohol), “Physical inactivity”, “Tobacco use”, “Raised blood glucose/diabetes”, “Raised blood pressure/hypertension”, “Overweight and obesity”, and “Salt / Sodium intake”. For risk factors “Raised blood glucose/diabetes”, “Raised blood pressure/hypertension”, and “Overweight and obesity”, the data must be measured, not self-reported. Additionally, for each risk factor, the country must indicate that the last survey was conducted in the past 5 years (i.e. 2014 or later for the 2019 CCS survey responses) and must respond “Every 1 to 2 years” or “Every 3 to 5 years” to the subquestion “How often is the survey conducted?”. The country must also provide the needed supporting documentation.

This indicator is considered partially achieved if the country responds that at least 3, but not all, of the above risk factors are covered, or the surveys were conducted more than 5 years ago but less than 10 years ago.

Data validation process

Countries are asked to submit a copy of their survey report(s) when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification. Data are also checked against the STEPS tracking system which records details of STEPS surveys undertaken by countries.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors

Definition

Country has a multisectoral, national integrated NCD and risk factor policy/strategy/action plan that addresses the 4 main NCDs (cardiovascular diseases, diabetes, cancer, chronic respiratory disease) and their main risk factors (tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol).

“Multisectoral” refers to engagement with one or more government sectors outside of health. “Operational” refers to a policy, strategy or action plan which is being used and implemented in the country, and has resources and funding available to implement it.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also have to respond “operational” to the subquestion “Indicate its stage” and “Yes” to all of the subquestions pertaining to the 4 main risk factors and 4 main NCDs: “Does it address one or more of the following major risk factors?” “Harmful use of alcohol” (optional for the Member States where there is a ban on alcohol), “Unhealthy diet”, “Physical inactivity”, “tobacco” (all 4 must have “Yes”) and “Does it combine early detection, treatment and care for:” “Cancer”, “Cardiovascular diseases”, “Chronic respiratory diseases” and “Diabetes” (all 4 must have “Yes”). Country must also provide the needed supporting documentation.

This indicator is considered partially achieved if the country responds “Yes” to the questions “Does your country have a national NCD policy, strategy or action plan which integrates several NCDs and their risk factors?” and to the subquestion “Is it multisectoral?”. Countries also have to respond “operational” to the subquestion “Indicate its stage” and “Yes” to at least two of the 4 main risk factors and at least two of the 4 main NCDs.

Data validation process

Countries are asked to submit a copy of their policy/strategy/action plan when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>

**Member State has implemented measures to reduce affordability by increasing excise taxes and prices on tobacco products**

Definition Country has total taxes set at a level that accounts for more than 75% of the retail price of tobacco products.

Data collection tool and achievement criteria

Data collected from governments for the production of the WHO Report on the Global Tobacco Epidemic.

Total taxes (including excise tax, value added/sales tax, import duties (where applicable) and any other taxes levied) are calculated as a proportion of the price of the tobacco product. Currently, this is calculated in relation to the most sold brand of cigarettes.

This indicator is considered fully achieved if the country has total taxes more than 75% of the price of the most sold brand of cigarettes.

This indicator is considered partially achieved if the country has total taxes from 51% up to 75% of the retail price of the most sold brand of cigarettes.

Data validation process

WHO assessment is shared with national authorities for review and approval.

Expected frequency of data collection

Every 2 years

Links to tool

http://www.who.int/tobacco/global_report/
https://www.who.int/tobacco/global_report/Technical-note-1.pdf?ua=1



Member State has implemented measures to eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport

Definition

Country has all public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation). "Completely" means that smoking is not permitted, with no exemptions allowed, except in residences and indoor places that serve as equivalents to long-term residential facilities, such as prisons and long-term health and social care facilities such as psychiatric units and nursing homes. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places.

Data collection tool and achievement criteria

Legal instruments are analysed for the production of the WHO Report on the Global Tobacco Epidemic.

Legislation is assessed to determine whether smoke-free laws provided for a complete indoor smoke-free environment at all times, in all the facilities of each of the following eight places: health care facilities; educational facilities other than universities; universities; government facilities; indoor offices and workplaces not considered in any other category; restaurants or facilities that serve mostly food; cafes, pubs and bars or facilities that serve mostly beverages; public transport.

This indicator is considered fully achieved if all public places in the country are completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation).

This indicator is considered partially achieved if three to seven public places are completely smoke-free, or the law allows designated smoking rooms with strict technical requirements in five or more places.

Data validation process

WHO assessment is shared with national authorities for review and approval.

Expected frequency of data collection

Every 2 years

Links to tool

http://www.who.int/tobacco/global_report/
https://www.who.int/tobacco/global_report/Technical-note-1.pdf?ua=1



Member State has implemented plain/standardized packaging and/or large graphic health warnings on all tobacco packages

Definition

Country mandates plain/standardized packaging and/or large graphic warnings with all appropriate characteristics. Appropriate characteristics for large graphic warnings include:

- specific health warnings mandated;
- appearing on individual packages as well as on any outside packaging and labelling used in retail sale;
- describing specific harmful effects of tobacco use on health;
- are large, clear, visible and legible (e.g. specific colours and font style and sizes are mandated);
- rotating health warnings and/or messages;
- pictures or pictograms; and
- written in (all) the principal language(s) of the country.

Appropriate characteristics for plain/standardized packaging include:

- restrictions or prohibitions on the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style;
- standardized shape, size and materials of tobacco packaging; and
- no advertising or promotion inside or attached to the package or tobacco product.

Data collection tool and achievement criteria

Legislation is assessed to determine the size of the warnings (the front and back of the cigarette pack are averaged to calculate the percentage of the total pack surface area covered by warnings) and warning characteristics.

This indicator is considered fully achieved if the country has plain/standardized packaging and/or large graphic health warnings which are defined as covering on average at least 50% of the front and back of the package with all appropriate characteristics as detailed above.

This indicator is considered partially achieved if there are medium-size warnings, which are defined as covering on average between 30 and 49% of the front and back of package, with some or all appropriate characteristics, or large warnings that are missing some appropriate characteristics.

Data validation process

WHO assessment is shared with national authorities for review and approval.

Expected frequency of data collection

Every 2 years

Links to tool

http://www.who.int/tobacco/global_report/
https://www.who.int/tobacco/global_report/Technical-note-1.pdf?ua=1



Member State has enacted and enforced comprehensive bans on tobacco advertising, promotion and sponsorship

Definition

Country has a ban on all forms of direct and indirect advertising. Direct advertising bans include: national television and radio; local magazines and newspapers; billboards and outdoor advertising; point of sale. Indirect advertising bans include: free distribution of tobacco products in the mail or through other means; promotional discounts; non-tobacco products identified with tobacco brand names (brand stretching); brand names of non-tobacco products used for tobacco products (brand sharing); appearance of tobacco brands (product placement) or tobacco products in television and/or films; and sponsorship (contributions and/or publicity of contributions).

Data collection tool and achievement criteria

Legislation is assessed to determine whether the law completely bans all forms of direct and indirect tobacco advertising, promotion and sponsorship.

This indicator is considered fully achieved if the country has a ban on all forms of direct and indirect advertising.

This indicator is considered partially achieved if the country has a ban on national TV, radio and print media, but not on all other forms of direct and/or indirect advertising.

Data validation process

WHO assessment is shared with national authorities for review and approval.

Expected frequency of data collection

Every 2 years

Links to tool

http://www.who.int/tobacco/global_report/
https://www.who.int/tobacco/global_report/Technical-note-1.pdf?ua=1



Member State has implemented effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

Definition

Country has implemented a national anti-tobacco mass media campaign designed to support tobacco control, of at least 3 weeks duration with all appropriate characteristics. Appropriate characteristics include:

- campaign was part of a comprehensive tobacco control programme;
- before the campaign, research was undertaken or reviewed to gain a thorough understanding of the target audience;
- campaign communications materials were pre-tested with the target audience and refined in line with campaign objectives;
- air time (radio, television) and/or placement (billboards, print advertising, etc.) was obtained by purchasing or securing it using either the organization's own internal resources or an external media planner or agency (this information indicates whether the campaign adopted a thorough media planning and buying process to effectively and efficiently reach its target audience);
- the implementing agency worked with journalists to gain publicity or news coverage for the campaign;
- process evaluation was undertaken to assess how effectively the campaign had been implemented;
- an outcome evaluation process was implemented to assess campaign impact; and
- the campaign was aired on television and/or radio.

Data collection tool and achievement criteria

Eligible campaigns are assessed according to the appropriate characteristics to determine whether it signifies the use of a comprehensive communication approach.

This indicator is considered fully achieved if the country has a campaign conducted with at least seven appropriate characteristics including airing on television and/or radio.

This indicator is considered partially achieved if the country has a campaign conducted with one to six of the appropriate characteristics.

Data validation process

WHO assessment is shared with national authorities for review and approval.

Expected frequency of data collection

Every 2 years

Links to tool

http://www.who.int/tobacco/global_report/
https://www.who.int/tobacco/global_report/Technical-note-1.pdf?ua=1



Member State has enacted and enforced restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Definition

Country has a licensing system or monopoly on retail sales of beer, wine, spirits.

Country has restrictions for on-/off-premise sales of beer, wine, spirits regarding hours, days and locations of sales.

Country has legal age limits for being sold and served alcoholic beverages.

Data collection tool and achievement criteria

Data is collected through the WHO Global survey on progress on SDG health target 3.5.

This indicator is considered fully achieved if:

- a licensing system or monopoly exists on retail sales of beer, wine and spirits;
- restrictions exist for on- and off-premise sales of beer, wine, and spirits regarding hours and locations of sales and restrictions exist for off-premise sales of beer, wine, and spirits regarding days of sales; and
- legal age limits for being sold and served alcoholic beverages are 18 years or above for beer, wine, and spirits.

This indicator is considered partially achieved if there are any, but not all, positive responses to the three indicators above.

Data validation process

Focal points, officially nominated by the Ministry of Health, respond to the Global survey on progress on SDG health target 3.5. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.

Expected frequency of data collection

Every 3-4 years

Links to tool

https://www.who.int/substance_abuse/activities/survey_health3.5_2019.pdf?ua=1



Member State has enacted and enforced bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Definition

Country has regulatory or co-regulatory frameworks for alcohol advertising through different channels (public service/national TV, commercial/private TV, national radio, local radio, print media, billboards, points of sale, cinema, internet, social media).

Country has a detection system for infringements on marketing restrictions.

Data collection tool and achievement criteria

Data is collected through the WHO Global survey on progress on SDG health target 3.5.

This indicator is considered fully achieved if:

- restrictions exist on alcohol advertising for beer, wine, and spirits through all channels; and
- detection system exists for infringements on marketing restrictions.

This indicator is considered partially achieved if there are restrictions on at least public service/national TV, national radio and billboards but no detection system exists for infringements.

Data validation process

Focal points, officially nominated by the Ministry of Health, respond to the Global survey on progress on SDG health target 3.5. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.

Expected frequency of data collection

Every 3-4 years

Links to tool

https://www.who.int/substance_abuse/activities/survey_health3.5_2019.pdf?ua=1



Member State has increased excise taxes on alcoholic beverages

Definition	<p>Country has excise tax on beer, wine, spirits.</p> <p>Country adjusts level of taxation for inflation for alcoholic beverages.</p>
Data collection tool and achievement criteria	<p>Data is collected through the WHO Global survey on progress on SDG health target 3.5.</p> <p>This indicator is considered fully achieved if:</p> <ul style="list-style-type: none">• excise tax on all alcoholic beverages (beer, wine, and spirits) is implemented;• there are no tax incentives or rebates for production of other alcoholic beverages; and• adjustment of level of taxation for inflation for beer, wine, and spirits is implemented. <p>This indicator is considered partially achieved if there is excise tax on alcoholic beverages as specified above.</p>
Data validation process	<p>Focal points, officially nominated by the Ministry of Health, respond to the Global survey on progress on SDG health target 3.5. Responses are reviewed and validated by WHO, and subsequently endorsed by the Member States.</p>
Expected frequency of data collection	<p>Every 3-4 years</p>
Links to tool	<p>https://www.who.int/substance_abuse/activities/survey_health3.5_2019.pdf?ua=1</p>



Member State has adopted national policies to reduce population salt/sodium consumption

Definition

Country has implemented national policies to reduce population salt/sodium consumption, including reformulation of food products; establishment of a supportive environment in public institutions to enable lower sodium options to be provided; behaviour change communication and mass media campaigns; and front-of-pack labelling.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?” and to the subquestions “Are these targeted at: product reformulation by industry across the food supply; regulation of salt content of food served in specific settings such as hospitals, schools, workplaces; public awareness programme; front-of-pack nutrition labeling? (must have “Yes” to product reformulation by industry across the food supply and/or regulation of salt content of food, and “Yes” to public awareness programme and nutrition labeling)”. Country must also provide the needed supporting documentation.

This indicator is considered partially achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce population salt consumption?”, and “Yes” to at least one of the four subquestions “Are these targeted at: product reformulation by industry across the food supply; regulation of salt content of food served in specific settings such as hospitals, schools, workplaces; public awareness programme; front-of-pack nutrition labeling?”.

Data validation process

Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). Where discrepancies are noted, these are referred back to the country for clarification and modification.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



Member State adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans-fatty acids in the food supply

Definition	Country has implemented a policy(ies) to limit saturated fatty acids and virtually eliminate industrially produced trans-fats in the food supply.
Data collection tool and achievement criteria	<p>WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.</p> <p>This indicator is considered fully achieved if the country responds “Yes” to the questions “Is your country implementing any national policies to reduce population saturated fatty acid intake?” and “Is your country implementing any national policies to eliminate industrially produced trans-fatty acids (i.e. partially hydrogenated oils) in the food supply?”, and provides the needed supporting documentation.</p> <p>This indicator is considered partially achieved if the country responds “Yes” to either of the aforementioned questions.</p>
Data validation process	Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). Where discrepancies are noted, these are referred back to the country for clarification and modification.
Expected frequency of data collection	Every 2 years
Links to tool	http://www.who.int/ncds/surveillance/ncd-capacity/en/

Indicator



Member State has implemented the WHO set of recommendations on marketing of foods and non-alcoholic beverages to children

Definition

Country has implemented a policy(ies) to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the question “Is your country implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt?”, and provides the needed supporting documentation.

Data validation process

Countries are asked to submit a copy of their policy(ies) when submitting their response to the NCD CCS. Responses are cross-validated with data obtained through the Global Nutrition Policy Review and the WHO Global database on the Implementation of Nutrition Action (GINA). Where discrepancies are noted, these are referred back to the country for clarification and modification.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



Member State has legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes

Definition Country has implemented legislation/regulations that fully implement the International Code of Marketing of Breast-milk Substitutes.

Data collection tool and achievement criteria

Copies of all laws and regulations on the International Code of Marketing of Breast-milk Substitutes are compiled by WHO every two years. WHO routinely requests countries to submit copies of Code legislation when they learn of changes. Additionally, copies of legislation were obtained from UNICEF and IBFAN/ICDC and legal databases (Lexis/Nexis and FAO-LEX), EUR-LEX, national gazettes and internet search engines.

This indicator is considered fully achieved if the country is assessed as having national legal measures categorized as “full provisions in law”, whereby countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent WHA resolutions.

This indicator is considered partially achieved if the country is assessed as having national legal measures categorized as “many provisions in law” or “few provisions in law”, whereby countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many or few provisions of the Code and subsequent WHA resolutions.

Data validation process

WHO, UNICEF, and IBFAN/ICDC analyse all legislation and regulations to determine which provisions of the Code were covered. All three organizations agree upon the categorization based on the provisions included.

Expected frequency of data collection

Every 2 years

Links to tool

<https://apps.who.int/iris/bitstream/handle/10665/272649/9789241565592-eng.pdf?ua=1>



Member State has implemented at least one recent national public awareness programme and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change

Definition Country has implemented at least one recent (within the past 2 years) national public awareness programme on physical activity.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is considered fully achieved if the country responds “Yes” to the following question: “Has your country implemented any national public education and awareness campaign on physical activity within the past 2 years?” and supporting documents provide clear evidence demonstrating that one or more of the following activities have been undertaken within the past 2 years:

1. national public-facing mass media education and awareness campaign on physical activity, AND/OR
2. national promotional initiatives supporting a regional or multi-country physical activity (sports) campaigns aimed at increasing awareness and encouraging participation in physical activity (e.g. European Sports Week, Caribbean Wellness Week), AND/OR
3. regular promotional days, held across the year, on physical activity either using the same theme (e.g. “car-free” Sundays) or a physical activity theme is clearly linked with the implementation of multiple health promotion days (e.g. World Heart Day, World Diabetes Day). Undertaking a single promotional day per year is not sufficient to fulfil this criteria.

This indicator is considered partially achieved if the supporting documents provide evidence demonstrating that the country has implemented in the past 2 years one or more community-based initiatives or programmes promoting physical activity and/or increasing access to opportunities for physical activity in community settings (e.g. through schools, parks, workplace, health care) but without any evidence of a public-facing mass media education and awareness campaign.

Data validation process

Countries are asked to submit a copy of any documentation of the programme and/or a link to the programme website when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>

Indicator



Member State has evidence-based national guidelines/ protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities

Definition

Government approved evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of the four main NCDs – cardiovascular diseases, diabetes, cancer and chronic respiratory diseases.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is based on the number of countries who indicate that national guidelines/protocols/standards exist for all four NCDs (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases).

This indicator is considered fully achieved if national guidelines/protocols/standards exist for all four NCDs (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases), and the country provides the needed supporting documentation.

This indicator is considered partially achieved if the country has guidelines/protocols/standards for at least two of the four NCDs (cardiovascular diseases, diabetes, cancer and chronic respiratory diseases), but not for all four.

Data validation process

Countries are asked to submit a copy of the guidelines/protocols/standards when submitting their response to the NCD CCS. Where discrepancies are noted, these are referred back to the country for clarification and modification.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

Definition

Country has provision of drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach), and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$, or $\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years.

Data collection tool and achievement criteria

WHO NCD Country Capacity Survey tool – The NCD CCS is completed by a team at the country level to ensure a comprehensive response is compiled.

This indicator is based on the number of countries who respond “more than 50%” to the question “What proportion of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke?”. Additionally, countries must have said all the following drugs were “generally available” in the primary care facilities of the public health sector: insulin, aspirin, metformin, thiazide diuretics, ACE inhibitors or Angiotensin II receptor blockers (at least one of the two), CC blockers, statins, and sulphonylurea(s).

This indicator is considered fully achieved if the country reports that more than 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all drugs listed above were generally available in the primary care facilities of the public health sector.

This indicator is considered partially achieved if the country reports that between 25% to 50% of primary health care facilities are offering cardiovascular risk stratification for the management of patients at high risk for heart attack and stroke and that all of the drugs listed above were generally available in the primary care facilities of the public health sector.

Data validation process

NCD focal points, officially nominated by the Ministry of Health, provide the official response to WHO through the NCD Country Capacity Survey tool.

Expected frequency of data collection

Every 2 years

Links to tool

<http://www.who.int/ncds/surveillance/ncd-capacity/en/>



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